

<p>Applicant name _____ Address _____ City _____ State ____ Zip _____ Phone _____ Applicant is (circle one): owner / contractor / other* _____ *permission letter from owner required</p>	<p>*Owner name _____ Address _____ City _____ State ____ Zip _____ Phone _____ *If new owner, provide copy of recorded deed</p>																																
<p>Tax Map # _____ Acreage _____ Location address(or street name if # not assigned): _____ City _____ State ____ Zip _____ State road # _____ State road name (if addressed on a private road): _____</p>	<p>Contractor name _____ Address _____ City _____ State ____ Zip _____ Phone _____ License # _____</p>																																
<p>Type of structure _____ Circle one: Main residence/ Accessory building / Other _____ Check one: ___ New ___ Addition / Remodel types & # of rooms _____ ___ Change-of-use describe: _____ Estimated cost _____ Construction type _____ Exterior finish _____ Interior finish _____ Roofing type _____</p>	<p>Total Square Footage _____ Livable sq. ft. (all except garage/porch/deck) _____ 1st floor sq. ft. _____ 2nd floor sq. ft. _____ Basement sq. ft. _____ Garage Sq. ft. _____ Porches _____ Decks _____ Other _____ Dimensions _____ Height _____ Total # of bedrooms _____ Total # of bathrooms _____ Mechanic's Lien Agent _____ Address _____ City _____ State ____ Zip _____</p>																																
	<p style="text-align: center;">PLUMBING</p> <table><tr><td>#</td><td></td></tr><tr><td>_____ Toilets</td><td>_____ Bathtubs</td></tr><tr><td>_____ Lavatories</td><td>_____ Showers</td></tr><tr><td>_____ Kitchen sinks/disposals</td><td>_____ Dishwashers</td></tr><tr><td>_____ Laundry Trays</td><td>_____ Water heaters</td></tr><tr><td>_____ Clothes washers</td><td>_____ Drinking fountains</td></tr><tr><td>_____ Urinals</td><td>_____ Floor or sink drains</td></tr><tr><td>_____ Slop sinks</td><td>_____ Pumps</td></tr><tr><td>_____ Other fixtures</td><td>_____ TOTAL # _____</td></tr></table> <p style="text-align: center;">MECHANICAL</p> <table><tr><td>_____ Dryers</td><td>_____ Ranges</td></tr><tr><td>_____ Space heaters</td><td>_____ Heat exchangers</td></tr><tr><td>_____ Heat pump > 3T</td><td>_____ Wood stoves</td></tr><tr><td>_____ Heat pump < 3T</td><td>_____ Gas piping system</td></tr><tr><td>_____ A/C unit < 3T</td><td>_____ Gas fireplaces</td></tr><tr><td>_____ A/C unit > 3T</td><td>_____ Water heaters</td></tr><tr><td>_____ Ovens</td><td>_____ Dryers</td></tr></table> <p style="text-align: center;">ESTIMATED COST</p>	#		_____ Toilets	_____ Bathtubs	_____ Lavatories	_____ Showers	_____ Kitchen sinks/disposals	_____ Dishwashers	_____ Laundry Trays	_____ Water heaters	_____ Clothes washers	_____ Drinking fountains	_____ Urinals	_____ Floor or sink drains	_____ Slop sinks	_____ Pumps	_____ Other fixtures	_____ TOTAL # _____	_____ Dryers	_____ Ranges	_____ Space heaters	_____ Heat exchangers	_____ Heat pump > 3T	_____ Wood stoves	_____ Heat pump < 3T	_____ Gas piping system	_____ A/C unit < 3T	_____ Gas fireplaces	_____ A/C unit > 3T	_____ Water heaters	_____ Ovens	_____ Dryers
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ELECTRICAL

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- ☐ Outlets & fixtures
- ☐ 30 kW or less outlets
- ☐ Baseboard heaters
- ☐ Swimming pool
- ☐ above / in-ground (circle one)

Service change type _____

or

New service type (check one):

- ☐ Permanent: Amperage value _____
- ☐ Temporary